

CAND Pay.gov Application for Refund (rev. 10/19)

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

APPLICATION FOR REFUND (USDC-CAND PAY.GOV)

PAY.GOV TRANSACTION DETAILS

IMPORTANT:

- Complete all required fields (shown in red*); otherwise, your request may be denied and require resubmission.
- In fields 3-6, enter the information for the **incorrect** transaction (the one for which you are requesting a refund), not the **correct** transaction that appears on the docket. This information can be found in the Pay.gov screen receipt or confirmation email.

1. Your Name:* Michael Y. Hsueh	7. Your Phone Number: (310) 498-3559
2. Your Email Address: * mhsueh@bwslaw.com	8. Full Case Number (if applicable): 5:20-cv-02026
3. Receipt Number:* 0971-14306949	9. Fee Type:* <div style="margin-left: 20px;"> <input type="checkbox"/> Attorney Admission <input checked="" type="checkbox"/> Civil Case Filing <input type="checkbox"/> FTR Audio Recording <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Pro Hac Vice <input type="checkbox"/> Writ of Habeas Corpus </div>
4. Transaction Date:* 03/23/2020	
5. Transaction Time:* 4:16 pm	
6. Transaction Amount (Amount to be refunded):* \$ 400.00	
10. Reason for Refund Request:* Explain in detail what happened to cause duplicate charges or no fee required. <ul style="list-style-type: none"> ▪ For a duplicate charge, provide the correct receipt number in this field. ▪ If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the open case). <p>Duplicate charge - Correct receipt number 0971-14306886</p>	

✓ **Efile this form using OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.**

View detailed instructions at: cand.uscourts.gov/ecf/payments. For assistance, contact the ECF Help Desk at 1-866-638-7829 or ecfhelpdesk@cand.uscourts.gov Monday -Friday 9:00 a.m.-4:00 p.m.

FOR U.S. DISTRICT COURT USE ONLY	
Refund request: <div style="display: inline-block; vertical-align: middle;"> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Denied — Resubmit amended application (see reason for denial) </div>	
Approval/denial date: 3/24/2020	Request approved/denied by: <i>Ana Banares</i>
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number: 0971-
Date refund processed:	Refund processed by:
Reason for denial (if applicable): Explain in detail what caused the duplicate charge in #10.	
Referred for OSC date (if applicable):	

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1. Your Name:* Michael Y. Hsueh	7. Your Phone Number: (310) 498-3559
2. Your Email Address: * mhsueh@bwslaw.com	8. Full Case Number (if applicable): 5:20-cv-02026
3. Receipt Number:* 0971-14306976	9. Fee Type:* <div style="margin-left: 20px;"> <input type="checkbox"/> Attorney Admission <input checked="" type="checkbox"/> Civil Case Filing <input type="checkbox"/> FTR Audio Recording <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Pro Hac Vice <input type="checkbox"/> Writ of Habeas Corpus </div>
4. Transaction Date:* 03/23/2020	
5. Transaction Time:* 4:21 pm	
6. Transaction Amount (Amount to be refunded):* \$ 400.00	
10. Reason for Refund Request:* Explain in detail what happened to cause duplicate charges or no fee required. <ul style="list-style-type: none"> ▪ For a duplicate charge, provide the correct receipt number in this field. ▪ If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the open case). Duplicate charge - Correct receipt number 0971-14306886	

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FOR U.S. DISTRICT COURT USE ONLY	
Refund request: <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Denied — Resubmit amended application (see reason for denial) </div>	
Approval/denial date: 3/24/2020	Request approved/denied by: <i>Ana Banares</i>
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number: 0971-
Date refund processed:	Refund processed by:
Reason for denial (if applicable):	
Referred for OSC date (if applicable):	

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1. Your Name:* Michael Y. Hsueh	7. Your Phone Number: (310) 498-3559
2. Your Email Address: * mhsueh@bwslaw.com	8. Full Case Number (if applicable): 5:20-cv-02026
3. Receipt Number:* 0971-14307035	9. Fee Type:* <div style="margin-left: 20px;"> <input type="checkbox"/> Attorney Admission <input checked="" type="checkbox"/> Civil Case Filing <input type="checkbox"/> FTR Audio Recording <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Pro Hac Vice <input type="checkbox"/> Writ of Habeas Corpus </div>
4. Transaction Date:* 03/23/2020	
5. Transaction Time:* 4:40 pm	
6. Transaction Amount (Amount to be refunded):* \$ 400.00	
10. Reason for Refund Request:* Explain in detail what happened to cause duplicate charges or no fee required. <ul style="list-style-type: none"> ▪ For a duplicate charge, provide the correct receipt number in this field. ▪ If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the open case). <p>Duplicate charge - Correct receipt number 0971-14306886</p>	

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Approval/denial date: 3/24/2020	Request approved/denied by: <i>Ana Banares</i>
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number: 0971-
Date refund processed:	Refund processed by:
Reason for denial (if applicable): Explain in detail on #10 what caused the duplicate charge.	
Referred for OSC date (if applicable):	